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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/540,591-Conf. #9719
		Filing Date	January 16, 2004
		First Named Inventor	Richard Merken-Schiller
		Examiner Name	P. R. Durand
		Art Unit	3721
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT (\$ 1,810.00)		HO-P03195US0	

METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____		
<input type="checkbox"/> Deposit Account	Deposit Account Number: 06-2375			Deposit Account Name: Fulbright & Jaworski L.L.P.		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							
Each claim over 20 (including Reissues) _____ 52 26							
Each independent claim over 3 (including Reissues) _____ 220 110							
Multiple dependent claims _____ 390 195							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u>							
28 - 28 or HP - _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
3 - 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,510.00							
1505 Publication fee for republication 300.00							

SUBMITTED BY					
Signature	/Jan K. Simpson/		Registration No. (Attorney/Agent)	33,283	Telephone (713) 651-5383
Name (Print/Type)	Jan K. Simpson		Date	March 4, 2009	

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: March 4, 2009	Electronic Signature for Jan K. Simpson: /Jan K. Simpson/